



High Technology Crime Investigation Association, Inc. APPLICATION FOR INDIVIDUAL MEMBERSHIP

Please type and print out for required signatures

Legal First Name: _____ MI: ____ Last Name: _____ Preferred First Name: _____

Membership Type (Check one): Law Enforcement Industry Other _____

I am applying for membership in the _____ Chapter of HTCIA. I am a citizen of (country) _____

Employer: _____ Title: _____ Department: _____

Business Street Address: _____ City, State, Zip _____

Phone Number to Call for Verification of Employment (other than your own): _____

Business Phone: _____ Fax: _____ Email: (*required*) _____

Description of duties and areas of expertise: _____

(Attach additional pages as necessary.)

I prefer that HTCIA mailings be sent to my home. If checked, please enter home address below:

Home Street Address: _____ City, State, Zip: _____

Home Phone: _____ Home Email: _____

HTCIA MEMBERSHIP SPONSORS: *Application will not be accepted without sponsors.*

I am a member in good standing with HTCIA and, as such, sponsor this applicant for membership. I have personal knowledge that the applicant is involved in high technology security/investigations. I believe the applicant will support the purposes and objectives of the HTCIA as stated in Article II of the Association's Bylaws.

Sponsor Name: _____ Sponsor Name: _____

Work Phone: _____ Work Phone: _____

Home Phone: _____ Home Phone: _____

Signature/Date: _____ Signature/Date: _____

HTCIA APPLICANT AUTHORIZATION: *Application will not be accepted without signature.*

I hereby authorize agents of the HTCIA to conduct an investigation of my application, which may consist of employment, background, and public record checks, to determine my suitability for membership. The undersigned applicant declares that he/she meets the requirements and qualifications for membership in the HTCIA as set forth in Article V of the Association's Bylaws.

Applicant Signature (REQUIRED)

Date

HTCIA USE ONLY

Approved

Disapproved

Chapter Delegate's Signature: _____ Date _____

HTCIA CODE OF ETHICS:

I will support the purpose and objectives of the HTCIA, as stated in Article II, Section III of the Association’s Bylaws and reaffirm such with my signature on this document. I understand that HTCIA activities should be conducted in an atmosphere free of uninvited commercial distractions. As participants in this professional organization, HTCIA members have the expectation and the right to attend association functions without being the object of sales presentations, and attempts by members to solicit business is strictly prohibited.

I agree to respect the confidential nature of any sensitive information, procedures, or techniques that I become aware of due to my involvement with the HTCIA. I will not disclose such confidential material to anyone who is not a member in good standing of the HTCIA without written permission from the HTCIA Board of Directors and my Chapter Officers.

Applicant Signature (REQUIRED)

Date

HTCIA memberships are valid from January 1 through December 31 of each year. Please note, however, that new memberships approved in the fourth quarter or beginning October 1, of any calendar year are valid through December 31, of the following year.

HTCIA NEW MEMBER DUES PER CHAPTER (US \$)

| | | | |
|------------------------------|---------|-----------------------|---------|
| At-large chapters: | \$50.00 | Mid-Atlantic | \$40.00 |
| Arizona | \$50.00 | Midwest | \$50.00 |
| Asia Pacific | \$50.00 | Minnesota | \$40.00 |
| Atlanta | \$50.00 | MO-Kan | \$45.00 |
| Atlantic Canada | \$60.00 | Nebraska | \$40.00 |
| Austin | \$50.00 | New England | \$55.00 |
| Bay Area | \$50.00 | Northeast | \$50.00 |
| Brasilia | \$30.00 | Northern California | \$50.00 |
| British Columbia | \$68.00 | Ohio | \$55.00 |
| Carolinas | \$40.00 | Ontario | \$70.00 |
| Central California | \$40.00 | Ottawa | \$70.00 |
| Central Valley | \$50.00 | San Diego | \$45.00 |
| Connecticut | \$50.00 | Silicon Valley | \$50.00 |
| Delaware Valley/Philadelphia | \$40.00 | Southern California | \$60.00 |
| Idaho | \$50.00 | Southwest | \$75.00 |
| Florida | \$50.00 | St. Louis | \$40.00 |
| Kansas | \$40.00 | Texas Gulf Coast | \$45.00 |
| Kentucky | \$50.00 | Tri-States/Pittsburgh | \$50.00 |
| Louisiana | \$50.00 | Washington State | \$50.00 |
| Michigan | \$60.00 | Western Canadian | \$68.00 |

PAYMENT METHOD: *Application will not be accepted without payment.*

Check (enclosed) Credit Card (Note: Dues are not processed until your membership is approved.)

Card Type: Visa MasterCard American Express

Card Number: _____ Exp. Date (MM/YY): _____

Cardholder Name (print) _____ Signature: _____

Fax or Mail your completed 2-page application with payment to:

**HTCIA
3288 Goldstone Drive
Roseville, CA 95747
PH: (916) 408-1751 ■ FX: (916) 408-7543**